

Texas Preventable Disease

NEWS

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for the Control of Communicable Diseases

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1985 INFECTIOUS DISEASE SUMMARY

HISTOPLASMOSIS

Histoplasmosis was made a reportable disease in mid-1984; 1985 is the first complete year of data collection. A total of 44 cases was reported in 1985. Nine of the cases were female, and 35 were male. A portion of the unusual sex distribution can be attributed to 17 cases for whom histoplasmosis was an opportunistic infection associated with acquired immune deficiency syndrome (AIDS). There was no seasonal variance in occurrence of cases; one to seven cases had onset during each month. Seventy percent of the 23 non-AIDS cases for whom age was known were over 50 years of age. The four fatal cases among non-AIDS patients were 64, 68, 70, and 82 years of age.

MALARIA

Ninety-three cases of malaria were reported in Texas during 1985. Ninety cases acquired their infection outside the United States. Of these, 46 were recent immigrants or students from countries where malaria is endemic, and 43 were non-immigrants who acquired malaria while on business or vacation. The status of one patient was unknown. Central America was the geographic origin of malaria for 36 cases, Africa for 22 cases, and India for 17 cases. Three cases acquired their infection in the United States, one by congenital transmission and one by blood transfusion. The third was an introduced autochthonous case.

In 1985, 61 cases were confirmed as *Plasmodium vivax*, 16 as *P. falciparum*, and 7 as *P. malariae*. Five cases had mixed infections. The species was not determined for four cases. Of the 93 reported cases, 63 were male. Patients ranged in age from 2 days to 74 years. The majority (69%) of the cases occurred in individuals under 30 years of age.

LYME DISEASE

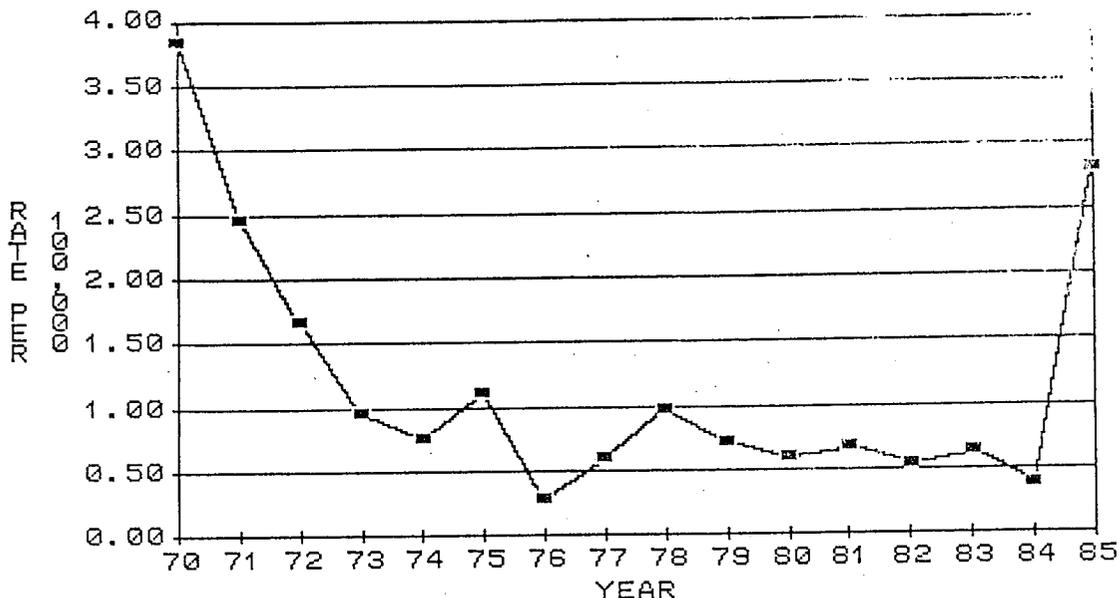
One hundred seventy-two confirmed cases of Lyme disease with onset of symptoms in 1985 were reported. *Borrelia burgdorferi* was cultured from blood specimens of two patients and from skin biopsies of four patients. One hundred eighteen cases were confirmed by the presence of erythema chronicum migrans (ECM); 48 patients experienced cardiac, neurologic, and/or arthritic manifestations with an IFA titer $\geq 1:256$. Cases had onset of symptoms in all months, with 63% occurring in May, June, and July. Clinical symptoms were noted with the following frequencies for the 172 cases: fever, 82%; fatigue, 73%; headache, 73%; ECM, 69%; myalgias, 57%; and arthralgias, 55%. One hundred eight cases (63%) experienced arthritis in at least one joint. The knee was affected in 54% of those cases with arthritis. Neurologic and cardiac manifestations were experienced in 41% and 23% of the cases, respectively. Neurologic manifestations included peripheral neuropathy, 38%; mental confusion, 32%; dysesthesia, 22%; meningitis, 21%; and insomnia, 21%. Of the cases reporting cardiac manifestations 95% experienced palpitations, and 8% experienced tachycardia.

The majority of cases (56%) resided in Dallas, Johnson, Palo Pinto, Parker, and Tarrant Counties. Seventy-percent of the cases resided in Public Health Region 5. Cases ranged from 1 to 94 years of age. Thirty-seven percent were 19 years of age or younger. Ninety-four (55%) cases were female. Incidence rates by age group were usually higher for females. The incidence rate for males was highest for the 0- to 9-year age group. Incidence rates for males were approximately equal in the other six age groups.

PERTUSSIS

A total of 379 confirmed cases of pertussis were reported during 1985, a 532% increase over the 60 cases reported in 1984. Of the 379 cases, 69 were confirmed by culture isolation, 197 were confirmed by direct fluorescent smear, and 113 were clinical confirmations.

Figure 1.
Pertussis cases per 100,000 population, Texas, 1970-1985



YEARLY STATISTICAL SUMMARY

DISEASE	PHR1	PHR2	PHR3	PHR4	PHR5	PHR6	PHR7	PHR8	PHR9	PHR10	TOTAL1	TOTAL2
CHICKENPOX	3921	15911	7801	4321	64741	18641	15721	26441	8771	41321	207581	161241
COCCIDIOIDOMYCOSIS	01	31	11	11	41	01	01	31	31	51	211	41
DENGUE	01	01	01	01	01	11	01	01	01	01	11	01
ENCEPHALITIS	31	61	51	31	421	01	141	41	161	411	1421	1131
HANSEN'S DISEASE	01	01	01	11	51	01	31	151	21	21	281	311
HEPATITIS A	2261	1431	1461	1171	8181	4121	521	1971	2751	1861	25651	26051
HEPATITIS B	361	851	991	701	4741	1761	471	1681	921	2741	15131	15441
HEPATITIS NA-NB	81	11	91	111	611	181	41	51	181	431	1781	1441
HEPATITIS U	241	571	881	321	5081	1001	481	2331	291	1711	12901	16351
HISTOPLASMOSIS	01	01	01	01	131	41	31	31	11	201	441	101
INFLUENZA	35321	174841	1261	89811	159781	81141	32241	159761	138931	90161	961641	1769001
LEGIONELLOSIS	01	01	21	11	41	21	11	11	11	171	291	241
LEPTOSPIROSIS	01	01	01	01	01	01	41	01	11	11	61	41
MALARIA	01	01	01	31	191	121	01	51	101	421	931	771
MEASLES	01	41	201	21	301	41	861	2771	71	201	4501	6421
MENINGITIS, ASEPTIC	141	241	431	311	2641	2061	241	381	931	2521	9891	6451
MENINGITIS, H. INFLUENZAE	301	231	141	171	1881	611	261	211	451	1291	5541	5241
MENINGITIS, OTHER/BACTERIAL	81	261	71	111	1661	291	261	251	1031	4231	3011	3011
MENINGOCOCCAL INFECTIONS	31	61	11	61	411	171	181	71	41	291	1321	1801
MUMPS	141	131	191	41	1131	221	121	341	461	441	3211	2191
PERTUSSIS	21	181	91	41	751	71	271	71	1931	371	3791	601
PLAGUE	01	01	01	01	01	01	01	01	01	01	01	11
PSITTACOSIS	01	01	01	11	01	01	01	01	01	01	11	91
RABIES IN MAN	01	01	01	11	01	01	01	01	01	01	11	11
RELAPSING FEVER	01	01	01	01	01	01	01	01	01	01	01	31
REYE SYNDROME	01	21	11	01	21	01	11	41	11	21	131	171
RMSF	01	01	01	01	191	31	101	01	11	01	331	531
RUBELLA	11	51	81	21	01	61	71	151	51	31	521	751
SALMONELLOSIS	501	951	1351	581	5431	2571	2411	2561	2021	6051	24421	23391
SCARLET FEVER	311	741	751	341	1371	741	1421	2631	621	1881	10801	7391
SHIGELLOSIS	231	641	1121	441	3161	1851	1461	2091	1711	4481	17181	16591
STREP INFECTIONS	7391	41221	2011	41181	86561	31781	29991	42231	21811	45821	349991	365401
TETANUS	01	01	01	21	11	01	11	21	01	31	91	101
TOXIC SHOCK SYNDROME	01	21	01	11	101	41	21	11	41	31	271	221
TRICHINOSIS	01	01	01	01	01	01	01	01	11	21	31	131
TULAREMIA	11	11	01	01	11	01	31	11	11	01	81	91
TYPHOID FEVER	11	01	11	01	61	01	31	101	21	91	321	301
TYPHUS, ENDEMIC	01	01	01	21	11	11	21	181	01	11	251	371

NOTE: No cases of anthrax, cholera, diphtheria, polio, Q fever, or yellow fever were reported in Texas in 1985.

The 1985 incidence rate, 2.35 cases per 100,000 population, is the highest experienced in Texas since 1971, when the rate was 2.47 per 100,000 population (Figure 1). Only one death was officially associated with pertussis during 1985. This figure is probably understated, as several cases were complicated with severe sequelae.

Fifty-one cases occurred among infants one month of age or younger, too young to be vaccinated. Of the remaining 328 cases, 94 (28.7%) had no history of pertussis vaccination, and 106 (32.3%) had a history of vaccination that was appropriate for their age.

TUBERCULOSIS

The number of cases of tuberculosis reported in Texas increased in 1985. There were 1,891 cases (11.7 cases per 100,000 population) reported in 1985 compared to 1,762 cases (11.2) in 1984. Of the 1,891 cases, 943 (49.9%) occurred in the seven major metropolitan areas of the state. The city of Houston reported 497 tuberculosis cases, 26.3% of the total state morbidity; Dallas reported 230 cases (12.2%). The next five major population areas contributed 216 cases (11.4%).

During 1985, 85 cases of tuberculosis were reported in children under 5 years of age. This increase of 22 cases from the 63 cases reported in 1984 occurred despite the tuberculosis program's efforts to interrupt the transmission of infection. Houston reported 36.5% of the cases in children under 5 years of age.

CONGENITAL SYPHILIS

During 1985, 96 congenital syphilis infections were reported among newborns. Ninety-four were single deliveries; one was a twin delivery. Of the 96 cases reported, 43 were stillbirths, and 53 were live births, three of whom subsequently died.

Harris County led the state with the reporting of 28 cases. Dallas County reported 14 cases, whereas Bexar, El Paso, and Jefferson Counties reported four cases each. Several areas, notably Public Health Region 11 (excluding Harris County) and Public Health Region 8, reported increased numbers of cases; both reported nine cases each.

The typical mother who delivered an infant with congenital syphilis was young (80% were under 25 years of age), unmarried (68%), and Hispanic (50%) or black (35%). Two percent of the total reported were native Americans, and the remainder (13%) were non-Hispanic whites. Forty-five percent of the mothers received no prenatal care during their pregnancies. However, the remaining 65% who received prenatal care did not seek care until after the beginning of the second trimester. Of those who did have a first trimester visit with a negative serologic test for syphilis, few had a repeat test in the third trimester.

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

Four hundred eighty-three cases of AIDS with onset in 1985 were reported in 1985, a 52% increase over the 317 cases with onset in 1984. The majority of Texas cases (90%) were homosexual or bisexual males. An additional 3% were intravenous (IV) drug users, 1% were hemophiliacs, 2% were associated with transfusion, and 4% had inapparent or unknown risk factors. Twenty-seven (3%) female cases were reported, and the majority of these (44%) were IV drug users. Nationally, only 73% of the cases were homosexual/bisexual males, and 17% were IV drug users. The very large number of IV drug user cases from the New York and New Jersey metropolitan areas skew the national data.

The proportion of AIDS cases associated with blood transfusions has increased both in Texas and nationally from 1% to 2%. This is due to the long period between infection with human T-lymphotropic virus type III (HTLV-III) and development of AIDS. The benefit of serologic screening of blood donations, begun in the spring of 1985, and self-deferral by those at increased risk will, therefore, not be fully realized in AIDS reporting for a period of years. Blood banks throughout Texas now use antibody detection kits to screen the state's blood supply for HTLV-III and have reported that 0.25% of the donated units were repeatedly reactive by EIA.

One percent (7) of the cases reported in Texas have been reported in children under 13 years of age. Nationally, three fourths of pediatric AIDS cases result from perinatal transmission of HTLV-III, therefore, the race/ethnicity and geographic distribution of pediatric AIDS patients would be similar to that of reported AIDS cases among adult females. In Texas, females account for a small number of cases, which is reflected in the small number of pediatric cases. Of the seven pediatric cases in Texas, three are related to a parent at risk, and four are transfusion-associated.

PROPOSED AMENDMENT TO THE RULES & REGULATIONS FOR THE CONTROL OF COMMUNICABLE DISEASES

The Texas Department of Health proposes an amendment to 97.4, concerning the list of reportable diseases. The amendment will add specific diseases to the list (bold face type) and delete others [bracketed material]. The amendment is proposed under the Communicable Disease Prevention and Control Act, Texas Civil Statutes, Article 4419b-1, 2.02, which provides the Texas Board of Health with the authority to adopt rules concerning a list of reportable diseases.

97.4 *List of Reportable Diseases.*

(a) (No change.)

(b) Diseases reportable by name, address, age, sex, race/ethnicity, and date of onset are: acquired immune deficiency syndrome; amebiasis; anthrax; [bacterial or viral meningitis;] botulism; brucellosis; campylobacteriosis; cholera; coccidioidomycosis; dengue; diphtheria; encephalitis (specify etiology); Hansen's disease (leprosy); Hemophilus influenzae infections; hepatitis, viral--Type A, Type B, Type D (delta agent), Type non-A/non-B, unspecified; histoplasmosis; legionellosis; leptospirosis; listeria infections; Lyme disease; malaria; measles; meningitis-bacterial, **aseptic/viral**, fungal, other (specify etiology, all types); meningococcal infections; mumps; pertussis; plague; poliomyelitis, paralytic; psittacosis; Q fever; rabies in man; relapsing fever; Reye syndrome; Rocky Mountain spotted fever; rubella; rubella congenital syndrome; salmonellosis; shigellosis; tetanus; trichinosis; toxic shock syndrome; tularemia; typhoid fever; typhus fever, endemic (murine), epidemic; **vibrio** infections; viral hemorrhagic fever; yellow fever.

(c) Diseases reportable by numerical totals are: chickenpox, influenza and flu-like illness [,streptococcal sore throat (including scarlet fever)].

(d) (No change.)

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Comments on the proposal may be submitted to Christie Reed, MPH, Acting Director, Infectious Diseases Division, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756, (512) 458-7328.

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